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THOMSON REUTERS

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEC Vail Processing

OMB APPROVAL
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NOTICE OF SALE OF SECURITIES

SEC USE ONLY						
Prefix	Serial					
DATE RECE	VED					

	this is an amendment and name has changed, and indicate ch	ange.)	
Shares of Western Asset Opp	ortunistic Local Market Debt Securities Portfolio, Ltd.		
Filing Under (Check box(es) th	at apply): 🔲 Rule 504 🔲 Rule 505 🖾 Rule 506 🔲 Secti	on 4(6) 🔲 ULOE	
Type of Filing: New Filing			<u> </u>
	A. BASIC IDENTIFICAT	ION DATA	
1. Enter the information reques	sted about the issuer		
Name of Issuer (check if thi	s is an amendment and name has changed, and indicate chang	ge.)	
Western Asset Opportunistic	Local Market Debt Securities Portfolio, Ltd.		
	(Number and Street, City, State, Zip Code)	Telephone Number	
c/o Walkers SPV Limited, Wa		1-345-945-3727	
87 Mary Street, George Town	, Grand Cayman KYI-9002, Cayman Islands		0000
Address of Principal Business (if different from Executive Off	ncluding		
Brief Description of Business			
Private Investment Fund.			
Type of Business Organization		 _	
corporation	☐limited partnership, already formed		
·	☑ other (plea	ise specify): Cayman Islands o	exempted company with limited liability
☐ business trust	☐limited partnership, to be formed		
Actual or Estimated Date of Inc	corporation or Organization: Month Year 0 8 0 5		ed
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service abbrevia	tion for State:	
	CN for Canada; FN for other foreign		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

			A. BASIC II	DENTIFICATION DAT	ÎA .		
 Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. 							
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ Investment Manager	
	ne (Last name first, i						
Business	Asset Managemen or Residence Addre t Colorado Blvd., Pa	ess (Number ar	nd Street, City, State, Zip	Code)			
	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ Managing Director	
Full Nan	ne (Last name first, i						
Business	or Residence Addre		nd Street, City, State, Zip	Code) Ilevard, Pasadena, CA	91101		
	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner	
Full Nan	ne (Last name first, i						
Business	or Residence Addre		nd Street, City, State, Zip y, 385 E. Colorado Bou	Code) levard, Pasadena, CA	91101		
	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner	
	ne (Last name first, i Kenneth S	f individual)					
Business	or Residence Addre		nd Street, City, State, Zip v. 385 E. Colorado Bou	Code) levard, Pasadena, CA	91101		
	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner	
Full Nan	ne (Last name first, i Michael B.	f individual)					
Business	or Residence Addre		nd Street, City, State, Zip y, 385 E. Colorado Bou	Code) levard, Pasadena, CA	91101		
	ox(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Nan	ne (Last name first, i	f individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Nan	ie (Last name first, i	£individual)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ General and/or Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Beneficial Owner

Promoter

					B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has tl	ne issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?	••••••••••••	,,,	***************************************		Yes	No ⊠
				,	Answer also	in Append	ix, Column	2, if filing	under ULO	E.				
2. What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the Fund								\$ 1,000,00	0*					
								Yes	No					
J. DOCS	5. Does the othering permit Joint ownership of a single unit?							\boxtimes						
remui	the informaneration for n or agent of the second to the se	solicitation f a broker o	of purchase r dealer reg	ers in conne	ction with the the SEC a	sales of sec nd/or with a	urities in th a state or st	e offering. ates, list the	If a person name of th	to be listed e broker or	is an assoc dealer. If r	iated nore than	ı	
Full Name (I	_ast name fi	rst, if indiv	idual)											-
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)			· -					
Name of Ass	ociated Bro	ker or Deal	er			<u> </u>								
States in Wh	ich Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers						_ 		
(Check	"All States	" or check i	ndividual S	tates)							All States			
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	(AR] (KS) [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI] Full Name (I	[SC]	[SD]	[TN]	[XT]	[บา]	[VT]	[VA]_	[WA]	[wvj	[wɪj	[WY]	[PR]		
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	er						_					
States in Wh	ich Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Check "All	States" or cl	heck individ	dual States)							🗆	All States			
(AL) (IL) [MT]	[AK] [IN] [NE]	(AZ) [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI] Full Name (I	[SC] _ast name fi	[SD] rst, il`indiv	[TN] idual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Business or I	Residence A	ddress (Nu	inber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	er			:								
States in Wh			. <u>.</u>	Intends to	Solicit Purc	hasers							 _	
(Check "All											All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] IVT]	{DE] [MD] [NC] [VA]	[DC] [MA] [ND]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	FROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	S
	Equity	\$	S
	☐ Common ☐ Preferred		· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	S
	Other (Specify) Shares	\$ 193,434,855.49	\$ 193,434,855.49
	Total	\$ 193,434,855.49	\$ 193,434,855.49
	Answer also in Appendix, Column 3, if filing under ULOE.		-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	29	\$ 193,434,855.49
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		S
	Rule 504		\$
	Total		S
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		S
	Printing and Engraving Costs		s
	Legal Fees		\$ 15,000
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total	\boxtimes	\$ 15,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS			
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to issuer."	total o the	\$ 193,419,855.49		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for cace the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box teleft of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer storth in response to Part C - Question 4.b. above.	o the			
		Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees	<u>s</u>	□ \$		
	Purchase of real estate	s	□ s		
	Purchase, rental or leasing and installation of machinery and equipment	s	□ \$		
	Construction or leasing of plant buildings and facilities	s	s		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	s	□s		
	Repayment of indebtedness		□ \$		
	Working capital	s	□s		
	Other (specify): Investments in securities and expenses necessary, convenient, or incidental thereto.	□ s	⊠ \$ 193,419,855.49		
	Column Totals	s	⊠ \$ 193,419,855.49		
	Total Payments Listed (column totals added)	🗵 \$ 19.	☑ \$ 193,419,855.49		
	D. FEDERAL SIGNATURE				
ո ա	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is indertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request caccredited investor pursuant to paragraph (b)(2) of Rule 502.	filed under Rule 505, the follow of its staff, the information furn	ving signature constitutes ished by the issuer to any		
Issuer (Print or Type) Western Asset Opportunistic Local Market Debt Securities Portfolio, Ltd. Name of Signer (Print or Type) Signature March 9, 2009 Tiple of Signer (Print or Type)					
	me of Signer (Print or Type) mes G. Hayes Tiple of Signer (Print or Type) Director				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

